



Docket No.: 100202181-1

#3

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the U.S. Patent and Trademark Office, Washington, D.C., 20231, on the below date of deposit.

Date of Deposit:	03/27/02	Name of Person Making the Deposit:	Desiree Caldwell	Signature of the Person Making the Deposit:	<i>Desiree Caldwell</i>
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Inventor(s): Brian N. RIPLEY

Serial No.: 10/091,698

Group Art Unit:

RECEIVED

Filed: March 5, 2002

Examiner:

APR 15 2002

Batch No:

Title: A VARIABLE WIDTH MEMORY SYSTEM AND METHOD

OFFICE OF PETITIONS

Assistant Commissioner for Patents
Washington, D.C. 20231

PETITION TO SECURE FILING DATE AS OF MAILING DATE
VIA EXPRESS MAIL

PETITION

1. Applicant petitions that this application be accorded the filing date on which the papers were sent "Express Mail Post Office to Addressee" mailing label No. EV069670243US on 03/05/02.
Date

SUBMISSIONS

2. Submitted herewith is:

A copy of each page of the application showing the executed Express Mail certificate and mailing label number.

A copy of the corresponding U.S. Post Office receipt establishing the deposit of the Express Mail on 03/05/02 Date.

A copy of the cancelled checks referring to the new application identified above.

A copy of the attorney's Deposit Account Statement, in which the items(s) corresponding to the deposit of the application referred to above is checked.

A copy of attorney's mailing log showing the dispatch of the above identified application as Express Mail label No. _____ on _____.

Date

04/15/2002 AWONDAF1 00000095 082025 10091698

01 FC:122 130.00 CH
Adjustment date: 05/22/2002 AKELLEY
04/15/2002 AWONDAF1 00000095 082025 10091698
01 FC:122 130.00 CR

Docket No.: 100202181-1

PETITION FEE

3. The petition fee (37 C.F.R. 1.17(h)) is paid as follows:
 Check in the sum of \$130.00.
 Charge Account 08-2025 the sum of \$130.00.
A duplicate of this paper is attached.
 The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 08-2025. A duplicate copy of this authorization is enclosed.

REQUEST FOR REFUND OF PETITION FEE

4. Because no defect exists in applicants' previous submission, a refund of the petition fee is respectfully requested.

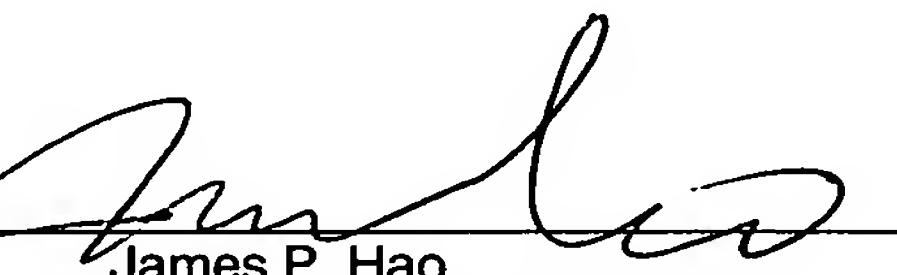
Please direct all correspondence concerning the above-identified application to the following address:

HEWLETT-PACKARD COMPANY

Intellectual Property Administration
P. O. Box 272400
Fort Collins, Colorado 80527-2400

Respectfully submitted,

Date: 3/27/02

By: 
James P. Hao
Reg. No. 36,398



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OFFICE OF PETITIONS

jc872 U.S. PTO
10/091698



03/05/02

New Application Transmittal

Applicant: **RIPLEY**

Docket No.: **HP-100202181-1**

Filing Date: **03/05/02**

Title: A VARIABLE WIDTH MEMORY SYSTEM AND METHOD

Sir:

Please acknowledge receipt of the following:

- Patent Application (No. pgs 21 including cover sheet)
- Drawings 6 Sheets
- Declaration/Power of Attorney
- Application Transmittal
- Information Disclosure Statement
- PTO 1449
- Certificate of Mailing
- Check # _____ In the amount of \$ _____
- Express Mail Certificate **EV069670243US**

jc872 U.S. PTO
10/091698



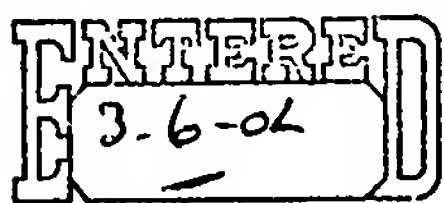
03/07/02

- Deposit Account Authorization
- Request and Certification

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rev.01/02 MAR 20 2002

WMH



DOCKETED

Date: 3-20-02

Initials: o

IN THE U.S. PATENT AND TRADEMARK OFFICE
Patent Application Transmittal Letter

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 CFR 1.53(b) is a(n) Utility Design

OFFICE OF PETITIONS

original patent application,
 continuation-in-part application



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APR 15 2002

INVENTOR(S): Brian N. RIPLEY

TITLE: A VARIABLE WIDTH MEMORY SYSTEM AND METHOD

Enclosed are:

The Declaration and Power of Attorney. signed unsigned or partially signed
 6 sheets of drawings (one set) Associate Power of Attorney
 Form PTO-1449 Information Disclosure Statement and Form PTO-1449
 Priority document(s) (Other) _____ (fee \$ _____)

CLAIMS AS FILED BY OTHER THAN A SMALL ENTITY				
(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) TOTALS
TOTAL CLAIMS	25 — 20	5	X \$18	\$ 90
INDEPENDENT CLAIMS	4 — 3	1	X \$84	\$ 84
ANY MULTIPLE DEPENDENT CLAIMS	0		\$280	\$ 0
BASIC FEE: Design (\$330.00); Utility (\$740.00)				\$ 740
TOTAL FILING FEE				\$ 914
OTHER FEES				\$
TOTAL CHARGES TO DEPOSIT ACCOUNT				\$ 914

Charge \$ 914 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

Express Mail label no. EV069670243US

Date of Deposit 03/05/02

Respectfully submitted,

Brian N. RIPLEY

By John F. Ryan

John F. Ryan

Attorney/Agent for Applicant(s)
Reg. No. 47,050

Date: 03/05/02

Telephone No.: (408) 938-9060

100202181-1



UNITED STATES PATENT APPLICATION
FOR

RECEIVED
APR 15 2002
OFFICE OF PETITIONS

A VARIABLE WIDTH MEMORY SYSTEM AND METHOD

Inventor:

BRIAN N. RIPLEY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5-20-02</u>		2 Serial/Patent # <u>10/091,698</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	3	5-19-02	\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>130</u>	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	, <u>08-2025</u>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <i>Petition under Rule 10 is free</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Steve Brantley</u>		TITLE: <u>Petitions Atty</u>		
SIGNATURE: <u>Steve Brantley</u>		PHONE: <u>306-5683</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Allie Kelly</u>		DATE: <u>5-21-02</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B